



**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE BOARD OF PODIATRIC MEDICAL EXAMINERS**

4201 Patterson Ave Baltimore, MD 21215-2299 Phone: 410-764-4785 Fax: 410-358-3083

APPLICATION FOR INACTIVE LICENSURE

Name: _____ License # _____

Address: _____

Phone Number: _____

I hereby request that my license to practice podiatry in Maryland to be placed on inactive status. I will adhere to all regulations governing the status of inactive licensure and the regulations governing reinstatement of inactive status licensure.

I am aware that while I am on inactive status licensure, I may not practice podiatry in the State of Maryland.

Signature of Licensee

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

Inactive Status Fee: **\$150.00** Please make check payable to **Board of Podiatric Medical Examiners**.